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## Monitoring of population programmes, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals

### Report of the Secretary-General

*Summary*

The present report on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, has been prepared in response to the topic-oriented and prioritized multi-year work programme of the Commission on Population and Development, as stipulated in resolution 2006/1 of the Commission. In its decision 2007/1, the Commission decided that the contribution of the Programme of Action of the Conference to the internationally agreed development goals, including the Millennium Development Goals, should be the special theme for the forty-second session of the Commission, on the occasion of the fifteenth anniversary of the holding of the Conference.

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The report reaffirms that population, reproductive health and gender issues are central to development and to the achievement of the Millennium Development Goals. Without a firm commitment to those issues, both through the achievement of their particular programmatic goals and by accounting for the impact of wider population trends on the achievement of goals in other areas, it will not be possible to meet the goals of the International Conference on Population and Development or of the Millennium Summit. The fifteenth anniversary of the Conference provides an excellent opportunity for the international community to assess the progress made in the implementation of the goals set at the Conference and to redouble efforts to meet the aims and objectives agreed to in Cairo in order to facilitate the achievement of the Millennium Development Goals.

The report describes the programmatic work of the United Nations Population Fund (UNFPA) to assist countries throughout the world in responding to the challenges of implementing the Programme of Action of the International Conference on Population and Development, especially as it contributes to the achievement of the Millennium Development Goals. The report sets out the strategic orientation of UNFPA and provides examples of its activities at the global, regional and country levels aimed at achieving the Millennium Development Goals relating to poverty reduction; gender equality and the empowerment of women; improving maternal and reproductive health; combating HIV/AIDS; and ensuring environmental sustainability.

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# I. Introduction

1. The present report on the contribution of the Programme of Action of the International Conference on Population and Development[1] to the internationally agreed development goals, including the Millennium Development Goals, has been prepared by the United Nations Population Fund (UNFPA) in response to the topic-oriented and prioritized multi-year work programme of the Commission on Population and Development, as stipulated in resolution 2006/1 of the Commission. The special theme for the forty-second session of the Commission was adopted by the Commission on Population and Development in its decision 2007/1.

2. The report points out that population, reproductive health and gender issues are central to development and to the achievement of the Millennium Development Goals. At the major United Nations conferences of the 1990s, Governments and civil society gathered to address the global developmental, economic, environmental and social concerns facing humanity. The agreements reached at these conferences set out blueprints for concrete action to improve the situation of women, men and children everywhere by broadening their opportunities and by expanding their access to quality social services. The conferences also addressed such issues as the monitoring of the implementation of the goals and objectives of the programmes of action, international cooperation, the role of the United Nations, resource mobilization and follow-up activities at the national, regional and international levels. Their impacts were cumulative, and they each built on the principles and recommendations of their predecessors and pointed the way to the future.

3. Recognizing the need to re-energize and focus the United Nations development agenda, the Secretary-General convened the Millennium Summit in 2000. The outcome document, the Millennium Declaration,[2] provided guidance for a vision of sustainable development. In 2005, at the World Summit, world leaders gathered to assess the progress made since the Millennium Declaration and identify needs with regard to accelerated development in a changing environment. As a result of those deliberations, modifications were made to the original road map framework, adding targets and indicators relating to the Millennium Development Goals. Four new targets relating to universal access to HIV/AIDS treatment, universal access to reproductive health, the promotion of environmental sustainability and the recognition of the centrality of employment (particularly for women and young people) to poverty reduction were included in the revised monitoring framework for the Millennium Development Goals, after consideration by the General Assembly. As a result of that development, the convergence of the quantitative goals of the International Conference on Population and Development and the monitoring framework for the Millennium Development Goals was completed. As the international community commemorates the fifteenth anniversary of the Conference, the goals and objectives set in Cairo remain as relevant as ever if the Goals are to be achieved.

4. The present report focuses on key programmatic initiatives undertaken by UNFPA and its partners at the national, regional and global levels to implement the objectives of the Programme of Action of the International Conference on

[1] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[2] Resolution 55/2.

Population and Development and to achieve the Millennium Development Goals. UNFPA work in this area shows that the implementation of the Programme of Action is essential to the achievement of the Goals, especially those related to eradicating poverty, promoting gender equality, improving maternal health, combating HIV/AIDS and ensuring environmental sustainability.

5. These key programmatic initiatives are guided by the UNFPA strategic plan, 2008-2011, which represents the conceptual and operational basis for the UNFPA contribution to the achievement of the goals of the Conference and the Millennium Development Goals over a four-year period. It guides the Fund's strategic approach in maximizing the role of the United Nations in supporting policy development, coordination and capacity development so as to ensure the implementation of international commitments on aid effectiveness and the achievement of the internationally agreed development goals.

6. The UNFPA strategic plan and programmes are based on the principles that drive United Nations reform, most importantly the recommendations of the 2007 triennial comprehensive policy review, as well as the new aid environment envisaged in the 2005 Paris Declaration on Aid Effectiveness. The shift in the role of UNFPA from the provision of project-related technical assistance to policy support, institution-building and the brokering of expertise reflects its recognition of the growing importance of capacity development and sustainability, which characterize the new aid environment and contribute more effectively to the scaling up of successful country-led initiatives to meet the Conference targets and Millennium Development Goals. The new approach taken by UNFPA to technical assistance also places greater emphasis on inter-agency cooperation and partnership-building. UNFPA programming focuses on harmonization and alignment, placing one national development plan at the centre of country development efforts; strong national ownership through coordinated national-capacity development; the use of national systems; greater predictability of aid flows; a results-oriented process; increasingly programme-based approaches; and mutual accountability, all of which are basic requirements for change in the new aid environment.

7. UNFPA recognizes that a new approach to technical support is essential for scaling up in order to accelerate progress towards the Millennium Development Goals. UNFPA will build on national and regional capacities; technical leadership, including research on and the development of new products; and the successful scaling-up experiences of certain large economies of the South, including those of Brazil, China, India, Mexico, South Africa and Thailand. A number of those countries have already started to provide technical support within their respective regions and subregions, building regional capacity for the implementation of the Conference targets and the Millennium Development Goals. New modalities for South-South cooperation through civil society organizations, universities, the private sector, networks and Governments offer unique opportunities for accelerating progress towards the Goals in developing countries.

8. UNFPA programmes provide support for the collection, analysis and dissemination of age- and sex-disaggregated data, which are essential for the effective planning, implementation and monitoring of progress in terms of both Conference targets and the Millennium Development Goals. UNFPA helps countries track and analyse changes in population size, structure, distribution and dynamics. The Fund works with global partners to raise awareness of the importance of data

collection, especially with respect to population censuses, vital statistics and household surveys. As the leader in the field of demographic data, UNFPA has lent its full support to preparatory activities for the 2010 World Population and Housing Census round, including in the preparation of resource mobilization and advocacy documents. UNFPA also provides support for other household and thematic surveys such as the demographic and health surveys, as well as for the development of databases and monitoring systems to facilitate the implementation of the Conference targets and the Millennium Development Goals.

## II. Millennium Development Goal 1: Eradicate extreme poverty and hunger

9. At the International Conference on Population and Development, held in Cairo, countries agreed that investing in people, and empowering individual women and men through education, equal opportunities and the means to determine the number and spacing of their children were critical to breaking the cycle of poverty that traps millions of individuals and families and blocks the progress of human development. A central plank of the 1994 Cairo consensus was that the size, growth, age structure and rural-urban distribution of a country's population have a critical impact on its development prospects and on the living standards of the poor. As a result, the Conference, in paragraph 3.4 of the Programme of Action, called on countries to fully integrate population concerns into development strategies, planning, decision-making and resource allocation at all levels.

10. The world's poorest countries generally tend to have the highest fertility and population growth rates. Poverty in those countries also perpetuates poor health, gender inequalities and, consequently, fast population growth. These issues are connected by many pathways encompassing both the macro and the micro levels. At the macro level, recent evidence concerning the relationship between age structures, economic growth and poverty levels suggests that some countries have had considerable success in using declining fertility trends to their advantage. At the micro level, there is evidence that enabling people to have fewer children through investments in health, including reproductive health, HIV/AIDS prevention, family planning, education, women's empowerment and gender equality contributes to poverty reduction. Access to reproductive health care enables women and girls to enjoy equal opportunities with men in labour markets, balance their productive and reproductive roles and achieve their educational, professional and family goals. Thus, for instance, fewer, spaced pregnancies lead to lower economic dependency ratios within families, more income-generating opportunities for women and better education for children, which, in turn, can lead to higher family income and consequently less poverty in present and future generations. They also lead to lower maternal and child mortality and morbidity levels, which may further contribute to poverty reduction.

11. Educating girls and women places them in a more favourable position to obtain better-remunerated employment. Women who are educated tend to have children later and to have fewer of them, and they are more likely to invest their income in the health and education of their children, both of which are powerful ways to break the intergenerational transmission of poverty.

12. Most developing countries have large adolescent and youth populations. Reproductive health programmes that address the vulnerability of adolescents to unprotected sex, sexual coercion, HIV and other sexually transmitted infections, unintended early pregnancies and unsafe abortions, and enable young women to delay pregnancy and marriage can also help break the intergenerational cycle of dependence and poverty.

13. Finally, several of the current demographic trends in many parts of the world, such as population ageing, increasing urbanization and the social, economic and financial implications of international migration, modify the policy environment in which Governments plan for the achievement of the Millennium Development Goals. Such factors are often insufficiently reflected in current planning instruments and need to be dealt with more explicitly.

14. During the past several years, UNFPA has assisted many countries in their efforts to reduce poverty by improving access to reproductive health care, HIV prevention and family planning, which helped to contribute towards smaller families and more healthy populations. It has also assisted countries in the area of education, the fight against gender-based violence and the empowerment of women and girls, which contribute to poverty reduction. The long-standing assistance of UNFPA in the consideration of demographic factors in social and economic policies, including the collection and analysis of age- and sex-disaggregated statistics, including for poverty mapping, has helped countries to increase their potential for strategic planning. Below are some examples of UNFPA interventions over the past few years that were aimed at contributing to poverty reduction.

15. In several countries, UNFPA has been actively engaged in policy dialogue aimed at influencing the formulation of pro-poor policies such as national development plans, including poverty-reduction strategies and health-sector plans. UNFPA, guided by the Programme of Action of the Conference, has endeavoured, through such policy dialogues, to raise awareness of the linkages between population dynamics and poverty, emphasizing in particular the situation of women and young people and the positive effects that reproductive health care and family planning can have on economic and social development and poverty reduction.

16. For example, in 2007, UNFPA, together with the United Nations Development Programme (UNDP) and the World Bank, supported the process of formulating national development plans and poverty reduction strategy papers as well as population-related indicators in countries including Afghanistan, Armenia, Colombia, Jamaica, Kyrgyzstan, Niger, Nigeria, the Republic of Moldova, Rwanda and Zambia. In those countries, the advocacy and technical support provided by UNFPA during various stages of the preparation of the strategies contributed to the integration of the dimension of population, reproductive health and gender in their plans of action. In Brazil, UNFPA collaboration with the Government resulted in specific, quantified references in the 2007 report on the Millennium Development Goals to the importance of population and reproductive health-care issues in the context of poverty reduction in recent years. In Jamaica, through involvement in the health and population task forces, UNFPA contributed to the inclusion of population issues, reproductive health and rights, and gender equality in the national development plan. UNFPA in Kyrgyzstan built partnerships with the national committee of parliamentarians on population and development and jointly carried out awareness-raising activities for local administrative bodies on the integration of

population issues in national and local development plans. Advocacy and technical expertise during the process of formulating the poverty reduction strategy in the Niger and Rwanda helped to integrate the demographic dimension and the links between reproductive health, gender and poverty reduction within the strategy document, under Government leadership. In the case of Nigeria, UNFPA mobilized young people and supported their participation in the development of the draft poverty reduction strategy paper, so that their issues could be addressed in the proposed documents and actions.

17. Through the participation of UNFPA in the United Nations Millennium Project and a regional project in Latin America and the Caribbean, several documents were produced that may assist Governments in the consideration of issues related to population, reproductive health and gender in the formulation of poverty-reduction policies. The latter project also invested in the development of modelling tools that facilitate the quantification of some of the links between population and reproductive health on the one hand and poverty levels on the other.

## III. Millennium Development Goal 3: Promote gender equality and empower women

18. UNFPA has contributed to the achievement of Goal 3 by addressing critical issues that are central to gender equality, including women's right to health and the right to live free from violence. In so doing the Fund is working at the global level, including through collaboration with other United Nations agencies and the building of partnerships with Governments, civil society organizations (including indigenous people's groups and faith-based networks) to promote women's leadership and implement the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development.

19. As co-convener of the United Nations Inter-agency Network on Women and Gender Equality Task Force on Violence against Women, UNFPA is working with the Division for the Advancement of Women to support 10 United Nations country teams in their efforts to prevent and respond to violence against women. In partnership with the Task Force, that exercise has begun in a number of pilot countries — Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, the Philippines, Rwanda and Yemen — with baseline assessments and the development of joint multi-stakeholder proposals to address and eliminate violence against women through coordinated initiatives at the national level. UNFPA has also, in several countries, supported the work of the Special Rapporteur on violence against women, its causes and consequences.

20. UNFPA is one of the founding members of United Nations Action against Sexual Violence in Conflict — an inter-agency body comprising 12 United Nations agencies. UNFPA has contributed to many activities at the country level, including awareness-raising campaigns advocating the extension of Security Council resolution 1325 (2000) in Côte d'Ivoire. In Lebanon, UNFPA conducted sensitization sessions with local politicians and male peacekeepers to promote respect for women and girls of host communities. Together with other United Nations entities, UNFPA will provide ongoing support to the Secretary-General's multi-year campaign "Unite to End Violence against Women", which aims to increase public awareness, political will and resources for preventing and

responding to violence against women and girls. UNFPA provides services and reproductive health commodities to victims and survivors of gender-based violence in crisis and post-conflict settings and responds to the particular needs of women and girls affected by conflict, natural disasters and the impacts of climate change throughout the world. In 2007, for example, UNFPA responded to humanitarian crises in 54 countries.

21. The joint programming initiative by UNFPA and the United Nations Children's Fund (UNICEF) to accelerate abandonment of the practice of female genital mutilation/cutting and reduce prevalence rates by 40 per cent in 17 countries is well under way in 8 countries, namely, Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and the Sudan. Also in partnership with UNICEF, UNFPA is developing training and advocacy materials on linkages between the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, to improve programming within United Nations country teams so as to support the human rights of women and girls.

22. UNFPA, in collaboration with the United Nations Development Fund for Women, is promoting economic empowerment for women at the strategic planning level through gender-responsive budgeting. In recognizing the value of gender-responsive budgeting as a means to more equitable and responsive planning, both agencies have been undertaking capacity development for their staff in the area of gender-responsive budgeting through the development of knowledge products and training workshops at the global and regional levels.

23. Many UNFPA-supported projects emphasize the role of men in reproductive health, targeting different groups of men, from uniformed personnel to religious leaders. In that context, UNFPA partnered with the World Health Organization (WHO), civil society organizations and police and military bodies to develop capacity-building tools that assist staff and partners in the process of involving men and boys on issues of sexual and reproductive health, maternal and child health, fatherhood, HIV/AIDS and gender-based violence prevention.

## IV. Millennium Development Goal 5: Improve maternal health

24. Since the adoption of the Goals in 2000, there has been a clear linkage between Goal 5 and the reproductive health goals of the International Conference on Population and Development, as improving maternal health is a major element of sexual and reproductive health. The overall vision of the Conference with respect to universal access to reproductive health care and its critical role in the achievement of the Millennium Development Goals was reaffirmed at the 2005 World Summit. In October 2007, the target of universal access to reproductive health care was added to Goal 5.

25. Following the International Conference on Population and Development, many countries enacted policies on sexual and reproductive health and began to implement programmes within the health system. According to a 2004 UNFPA survey, about 86 per cent of countries had adopted policy measures, laws or institutional changes at the national level to promote or enforce reproductive rights, and 54 per cent had formulated new policies. Where country policies, budgets and programmes have reflected the goals of the Conference, progress has been made. More women now have access to contraceptives. At least a dozen middle-income

countries, and even a few low-income ones, have reduced their maternal-mortality rates. The rate of new HIV infections has decreased for the first time in some countries of sub-Saharan Africa.

26. Despite the considerable progress made since the Conference, millions of people — mostly disadvantaged women and adolescents — still lack access to sexual and reproductive health information and services. In developing countries, about 201 million married women lack access to modern contraceptives. Each year, there are about 340 million new cases of sexually transmitted infections and 2.7 million new HIV infections. Millions of women and adolescent girls continue to die or become disabled during pregnancy and childbirth. It was estimated in 2005 that maternal mortality ratios had decreased globally by less than 1 per cent annually between 1990 and 2005, far short of the rate needed to achieve Goal 5.

27. UNFPA has supported the development and implementation of national strategies and programmes aimed at promoting reproductive health in countries around the world. UNFPA emphasizes the integration of a package of sexual and reproductive health services in the basic health services delivered at the district and local levels, in particular primary health care. The package should universally include family planning services; pregnancy-related services, including skilled attendance at delivery, emergency obstetric care and post-abortion care; sexually transmitted infection and HIV prevention and diagnosis and STI treatment; prevention and early diagnosis of breast and cervical cancers; prevention of gender-based violence and care of survivors; and essential commodities for each component. For example, in Kyrgyzstan, with a view to supporting the Government's focus on primary health care in its health reform, UNFPA introduced the WHO training package on integrated reproductive health services at the primary health-care level through a training of trainers for family doctors and nurses. The training package is expected to be integrated into the national medical training programme. In Kenya, UNFPA has worked with the Government to ensure that sexual and reproductive health and HIV/AIDS are one of the six pillars of the Kenya Essential Package for Health and to secure commitments for reproductive health commodities. In Latin America, several partners, including the Pan American Health Organization, the Swedish International Development Cooperation Agency and the Centre for Health Research of Nicaragua, have organized training courses for governmental and non-governmental organizations representatives of countries in the region on the strengthening of health systems, utilizing maternal health as a cross-cutting issue to analyse and propose innovative approaches to the various dimensions of the health-care system.

28. Recognizing the changing aid environment and addressing United Nations reforms in the framework of "One UN", UNFPA has been engaged in the implementation of new mechanisms for improved aid effectiveness in support of the achievement of Goal 5. UNFPA engagement in health-sector-wide approaches has reached 30 countries; in 12 of them, contributions to joint/pooled funding, are included. For example, UNFPA is engaged in mature sector-wide-approach processes in countries including Bangladesh, Ethiopia, Ghana, Malawi, Mali, Nicaragua, Uganda, the United Republic of Tanzania and Zambia, providing technical support to ensure that Goal 5 is fully integrated in national health plans and budgets. In Burundi, UNFPA has been actively engaged in the early stages of developing the sector-wide-approach which will utilize two indicators related to both the International Conference on Population and Development and Goal 5 —

the percentage of deliveries that take place in health facilities and the rate of modern contraceptive use — among the five chosen to monitor progress. In the United Republic of Tanzania, the contribution of UNFPA to the health-sector basket since 2004 has contributed to increased visibility and the leveraging of resources for priority reproductive health issues, including maternal and newborn health and reproductive health commodities.

29. UNFPA is active in the H8, an informal group of eight international agencies active in the area of health (WHO, UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, the Bill and Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunization), aimed at better coordination, particularly at the country level. The group recognizes the need to strengthen health-care systems and improve service delivery in support of national processes. UNFPA is also an active player in International Health Partnership Plus, an initiative comprising United Nations agencies, private foundations, Governments and donors, whose main objective is to support national efforts to scale up coverage towards achieving global health outcomes, particularly the health-related Millennium Development Goals. UNFPA has been engaged in all of the active countries[3] to ensure that Goal 5 is included in national health strategies, plans, budgets and health information systems. UNFPA is also working with the Harmonization for Health in Africa initiative, with the goal of optimizing and harmonizing efforts across six key agencies (the African Development Bank, UNAIDS, UNFPA, UNICEF, the World Bank and WHO) in support of nationally led processes to advance progress towards the health-related Millennium Development Goals.

30. UNFPA is committed to ensuring access to sexual and reproductive health services and information for adolescents and young people as part of a broader package of social services. UNFPA, in partnership with the European Union, supported seven countries in the Asia region in improving the sexual and reproductive health status of young people, addressing policies, services and education. For example, the programme in Viet Nam demonstrated a sustainable model for providing youth-friendly services in rural communities through their integration in Government services. In Mozambique, Geração Biz, a UNFPA-supported project designed and developed by young people with technical assistance from Pathfinder International, reaches both in-school and out-of-school youth through a variety of activities, including sports, youth centres and school- and community-based interventions. UNFPA, in partnership with WHO, has also helped the Government of India vastly expand its services to young people by providing strategic, technical and operational guidance to the Ministry of Health and Family Welfare in the integration of adolescent-friendly service centres into the primary health-care infrastructure in 75 districts. The Fund continues to be involved in sexual and reproductive health education in most countries, with reviews showing notable benefits for young people. In Latin America, UNFPA established a strategic partnership with the Andean Regional Health Organization to implement a regional plan on adolescent pregnancy prevention, resulting in the adoption of a resolution by the network of Ministers for Health of the Andean region. Furthermore, the Ministers for Health and Education of Latin America and the Caribbean signed a

[3] Africa: Benin, Burkina Faso, Burundi, Ethiopia, Ghana, Kenya, Madagascar, Mali, Mozambique, the Niger and Zambia; Asia: Cambodia and Nepal.

historic declaration pledging to provide comprehensive sex-education and sexual health promotion programmes, including on HIV prevention.

31. UNFPA has also promoted participation by young people in the process of advancing their reproductive health rights. The UNFPA Global Youth Advisory Panel, which is composed of young people from both developing and developed countries, provides advice on promoting the rights and needs of youth. UNFPA has also long supported youth networks in various regions. For instance, UNFPA has supported the Youth Peer Education Network (Y-PEER), a global network of young people working in the area of adolescent sexual and reproductive health in Central and Eastern Europe, Central Asia, the Middle East, and both North and East Africa. In Africa, the African Youth Alliance, a partnership of UNFPA and the non-governmental organizations PATH and Pathfinder International, promotes participation by young people in programme design and implementation, with a view to improving reproductive health and preventing HIV in four African countries (Botswana, Ghana, Uganda and the United Republic of Tanzania).

32. UNFPA has since its inception supported countries in their efforts to improve access to and utilization of family planning services. Through programmes in 140 countries, UNFPA works with Governments to ensure that family planning is an integral part of national health plans and budgets, and that information and a range of family-planning methods are offered in all health facilities and reach all communities. For example, UNFPA was one of the key partners engaged in increasing access to and the utilization of family planning services in Rwanda. UNFPA assisted in the training of district health providers, supporting a national campaign to promote family planning and framing family planning in national development plans and frameworks.

33. A major requirement for the provision of family planning services is regular and reliable systems that ensure the availability of the necessary contraceptives. Consequently, UNFPA has been active in the global Reproductive Health Supplies Coalition and launched a special global programme in 2005 to support countries' efforts in this area. As a result, many countries have developed national strategies on this issue, some 77 countries have a budget line for reproductive health commodities, and there has been a substantial reduction in "stock-outs" of contraceptives in the countries with the poorest reproductive health indicators. In the Pacific region, UNFPA has helped to establish a regional plan for ensuring reproductive-health-commodity security, including a regional warehouse for storing commodities. In Afghanistan, UNFPA helped the Government to conduct an assessment and establish a plan for commodity security and is now supporting the implementation of the plan. In Armenia, with support from UNFPA, it was agreed that the Government would participate in contraceptive procurement for the first time since independence. In Mozambique, UNFPA advocated the inclusion of the Reproductive Health Supplies Coalition in the health sector strategic plan, resulting in a Government budget allocation for reproductive health commodities for the first time in 2007.

34. To address gaps in maternal care, Governments, with support from UNFPA and other agencies, are implementing plans to ensure functioning health systems that provide a continuum of maternal health care within the broader spectrum of sexual and reproductive health. UNFPA has been working closely with UNICEF, WHO and the World Bank to improve coordination in that area. In addition, UNFPA launched

the Thematic Fund for Maternal Health in January 2008. The Fund seeks to mobilize $500 million over four years to boost support to the 60 countries with the highest maternal mortality rate, and work has already begun in 11 countries.[4]

35. At the regional level, more than 40 countries in Africa have developed national road maps for reducing maternal and newborn mortality and morbidity, with joint support from UNFPA, UNICEF and WHO. Malawi, for instance, has finalized, costed and mobilized resources for its national road map and has begun implementation of the operational plan under the health sector-wide approach. Numerous other countries are now mobilizing resources and beginning the implementation of their road maps.

36. UNFPA assists countries in their efforts to increase access to vital maternal health services, in particular skilled delivery care and emergency obstetric care. UNFPA has been providing support to a number of countries so as to increase the number and enhance the competencies of skilled birth attendants, in particular midwives. In Cambodia, for instance, UNFPA actively supported a midwifery review for the midterm review of the health-sector plan and is supporting the subsequent follow-up actions of a high-level midwifery task force. In Haiti, UNFPA has been supporting the Ministry of Health and the National School of Nurse Midwives to develop a policy and plan aimed at ensuring that midwives who have recently graduated can benefit from internships in maternity hospitals. To further these and other efforts, UNFPA launched a programme jointly with the International Confederation of Midwives in 2008 to strengthen national capacity in low-resource countries so as to increase skilled attendance at all births by scaling up the capacity of midwives. The programme is currently active in 11 countries in Africa and Asia.

37. UNFPA was a key partner in early efforts to demonstrate the viability of improving availability of and access to emergency obstetric care. Furthermore, UNFPA has supported assessments on the availability and quality of emergency obstetric-care services in more than 20 countries worldwide. UNFPA has also worked with Governments to fill key gaps in service coverage and quality. For instance, in Côte d'Ivoire, more than 100 maternity and gynaecology operating theatres have been equipped or rehabilitated and health workers were trained in emergency obstetric care, with UNFPA support. In Nicaragua, UNFPA has emphasized an inter-agency approach to emergency obstetric care, and, as a result of advocacy efforts, 90 per cent of hospitals are now actively implementing national norms and guidelines relating to emergency obstetric care. Working with UNICEF, WHO and the Government of Bangladesh, UNFPA is leading an effort to accelerate progress towards a reduction in maternal and neonatal mortality and morbidity and is supporting some 60 district-level health facilities to provide 24-hour access to emergency obstetric care in addition to antenatal and post-natal care. UNFPA is actively supporting the Sudan in its efforts to improve the quality of emergency obstetric care by helping to enhance clinical protocols and training health providers, in particular midwives, in clinical skills.

38. UNFPA is also involved in addressing the health problems, both physical and mental, relating to pregnancy and childbirth, which cause undue suffering and diminish quality of life for women. In 2003, UNFPA and partners launched the

[4] Benin, Burkina Faso, Burundi, Cambodia, Djibouti, Ethiopia, Guyana, Haiti, Madagascar, Malawi and the Sudan.

global Campaign to End Fistula, which is now active in more than 45 countries. In the Niger, a national network supported by UNFPA is actively coordinating the national action plan and providing innovative models for the reintegration of women living with fistula. In Pakistan, support from UNFPA has helped to increase coverage of fistula-treatment services to seven centres nationwide. Other morbidities are now also gaining attention. In Nepal, for instance, UNFPA, the Government and non-governmental organizations have launched a national strategy and campaign against uterine prolapse. Recognizing the high prevalence of perinatal depression in many developing countries, UNFPA is working with WHO to accelerate the integration of mental health and psychosocial support into maternal health programmes. Integrating the prevention, diagnosis and treatment of sexually transmitted infections is essential to the sexual and reproductive health package. UNFPA works with Governments and other United Nations partners to increase access to and the quality of services related to sexually transmitted infections, including HIV prevention. UNFPA is also working to promote the priority linkages between sexual and reproductive health and HIV/AIDS. As part of the process of expanding access, UNFPA has supported the integration of the management of sexually transmitted infections into existing maternal and child health and/or family planning services. In Mongolia, UNFPA, in collaboration with the German Agency for Technical Cooperation (GTZ), is working to integrate diagnosis, treatment and counselling with respect to sexually transmitted infections and HIV in antenatal care and, jointly with the Global Fund, is introducing those services in adolescent health centres. In Zambia, UNFPA and WHO worked with the Ministry of Health to integrate the issues of sexually transmitted infections and HIV in family-planning protocols and training curricula for health providers.

39. UNFPA continues its work on the development and implementation of culturally sensitive reproductive health models, programmes and strategies as part of efforts to ensure equitable and appropriate care. In Latin America, efforts have focused on indigenous populations, with a view to addressing the poor indicators of reproductive health. In Mexico, UNFPA supported the development of two models for reaching indigenous migrant women, incorporating ancient medicinal practices. In Panama, UNFPA, in partnership with the International Fund for Agricultural Development, the Association of Ngobe Women and the Ministry of Health, continued its groundbreaking work, reaching indigenous women in 44 different Ngobe communities by incorporating traditional midwives in the labour process as cultural brokers between indigenous women and health personnel.

40. In emergencies and humanitarian crises, women, and in particular young people, are especially vulnerable to sexual violence and coercion, unintended pregnancy, pregnancy-related deaths and HIV infection and typically lack access to essential sexual and reproductive health services. UNFPA supports the integration of those services in the basic health package provided during times of humanitarian crisis, transition and recovery. UNFPA works closely with WHO and the Office of the United Nations High Commissioner for Refugees (UNHCR) within the Inter-Agency Standing Committee on Humanitarian Affairs in support of that mandate. At the country level, UNFPA works with multiple partners to ensure such access. In Afghanistan, UNFPA is helping to increase access to delivery care by supporting basic emergency obstetric-care centres, transportation for emergencies and training for midwives, nurses and doctors. In the Central African Republic, UNFPA has worked with national and international non-governmental organizations to

strengthen access to sexual and reproductive health care in conflict-affected zones by increasing the availability of emergency obstetric care, setting up mobile clinics and distributing male and female condoms and kits for delivery, and providing treatment and care in connection with sexually transmitted infections for survivors of gender-based violence. In the Sudan, UNFPA provides humanitarian support to prevent maternal death and disability in Darfur through the State Ministry of Health and non-governmental organization programmes, including training and the provision of equipment and supplies.

## V. Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases

41. The Programme of Action agreed to at the International Conference on Population and Development, along with benchmarks added at the five-year review of the Conference, informs the eight Millennium Development Goals and stresses that Governments need to ensure that the prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health-care level.[5] In 2006, in a Political Declaration adopted at the General Assembly 2006 High-level Meeting on AIDS (General Assembly resolution 60/262, annex), Member States committed to taking extraordinary action to move towards universal access to HIV prevention, treatment, care and support by 2010. That commitment also recognized that halting and reversing the spread of AIDS was not only a goal in itself but also a prerequisite for achieving most other Millennium Development Goals.

42. The progress made since 2006 in the response to the HIV epidemic is evident in many regions. However, progress has been uneven, and the rate of expansion of the epidemic often outstrips the pace at which services are being brought to scale. In 2007, for every two persons who receive treatment, about five more individuals became newly infected with HIV. HIV infections in women are continuing to rise in every region of the world. In developing countries, young women represent about two thirds of all people aged 15 to 24 newly living with HIV, making them the most affected group in the world.[6]

43. Risk of and vulnerability to HIV infection are often determined by broad social forces and structural factors beyond the control of individuals. Poverty, gender inequalities and social marginalization make it difficult for individuals to reduce their risk or obtain essential HIV prevention, treatment, care and support services. As a result, the epidemic continues to spread, especially among women, owing to the deeper underlying factors of gender inequality, persistent stigma and discrimination against women and girls, and the lack of empowerment to reduce their vulnerability to HIV, even as many countries have accelerated their national responses.

44. The relationships between HIV and sexual and reproductive health are now well recognized. The majority of HIV infections are sexually transmitted or are

[5] Economic and Social Commission for Asia and the Pacific, *Implementing the ICPD Agenda: 10 Years into the Asia-Pacific Experience* (2004) (United Nations publication, Sales No. 04.II.F.46 P).

[6] See UNAIDS, *2008 Report on the Global AIDS Epidemic* (Geneva: UNAIDS, 2008).

associated with pregnancy, childbirth and breast-feeding. Additionally, sexual and reproductive ill health and HIV share root causes, including poverty, limited access to appropriate information, gender inequality, cultural norms and the social marginalization of the most vulnerable populations. Consequently, the implementation of the agenda of the International Conference on Population and Development is vital in the HIV/AIDS response. In keeping with the UNAIDS division of labour, UNFPA is leading efforts to strengthen prevention and sexual and reproductive health linkages, including with respect to reproductive-health-commodity security, condom programming, the prevention of gender-based violence, HIV and sex work, and the prevention of infection in women, including pregnant women and young people, and to strengthen the response to HIV/AIDS in the context of uniformed services and humanitarian crises.

45. UNFPA is working in close collaboration with Governments to strengthen and integrate reproductive health and HIV services. In Argentina, for example, UNFPA facilitated the dialogue between HIV and sexual and reproductive health services at the national, provincial and local levels. In Ghana, UNFPA was acknowledged by the Government as having been instrumental in promoting the integration of HIV into sexual and reproductive health services. In Malawi, UNFPA is providing long-term technical assistance to the Reproductive Health Unit of the Ministry of Health to strengthen the linkages between HIV and sexually transmitted infections and reproductive health services. In the Russian Federation, UNFPA initiated, jointly with the Ministry of Health, the development of a national strategy and a pilot project for integrated reproductive health and HIV services. In Zambia, UNFPA led the process of integrating the issue of HIV into Ministry of Health guidelines and training materials for family planning and sexually transmitted diseases.

46. UNFPA is working to improve access to reproductive health and HIV services for young people, women and girls in general and vulnerable groups in particular. As part of a comprehensive strategy to encourage access to and the use of sexual and reproductive health services, UNFPA collaborated with partners to develop country-level report cards on HIV prevention for young women and girls in 23 countries. The report cards have been used to target national, regional and international decision makers so as to increase and improve the programmatic, policy and funding actions taken with respect to HIV prevention for young women and girls. UNFPA worked with partners to issue action-oriented guidance on key topics, including preventing HIV in women and young girls and promoting young women's livelihoods to reduce their vulnerability to HIV. For example, in Malawi and Zambia, UNFPA has in the past two years provided technical support for the development of national youth policies and plans of action for the scaling up of sexual and reproductive health and HIV prevention services for young people.

47. As co-sponsor of UNAIDS, where the scale-up of services in connection with the prevention of mother-to-child transmission is an identified priority, UNFPA has provided support to 40 countries in the development of road maps within the new Africa maternal and newborn programme, contributing to such prevention. Additionally, sexual and reproductive health linkages to the prevention of mother-to-child transmission have been strengthened through indicator development, joint technical missions with WHO and UNICEF, support for inter-country workshops and the work of the Inter-Agency Task Team on Mother-to-Child Transmission.

48. To ensure an adequate supply of male and female condoms, UNFPA procured male condoms in 120 countries and female condoms in 50 countries and provided financial and technical support to countries enrolled in the Global Condom Initiative, including 22 in Africa, 23 in the Caribbean and 6 in Asia. For example, in Guatemala, UNFPA is the main partner for condom programming and assisted the Government in the provision and distribution of 6 million condoms in one year alone. Through the Female Condom Initiative, UNFPA has addressed the sexual and reproductive health needs of women in 23 countries by scaling up access, promoting the use of the female condom and ensuring that female-condom programming is an essential component of national AIDS policy guidelines and reproductive health programmes. UNFPA has supported condom forecasting in 89 countries and delivered emergency supplies of condoms to 28 countries to prevent condom stock-outs.

49. In close partnership with WHO, the International Labour Organization, UNESCO and the UNAIDS secretariat, UNFPA has facilitated global efforts to strengthen HIV prevention services as they relate to sex work. For example, in Argentina, UNFPA facilitated a national consultation on sex work and HIV. In Bangladesh, UNFPA provided technical assistance and funds to community-based organizations engaged in HIV prevention and treatment for sex workers and their clients. In Kenya, UNFPA supported the mapping of sex-work programmes and contributed to the development of a strategy for sex work and HIV interventions. UNFPA support also resulted in the Maputo Call to Action, providing a clear articulation of priority action areas. In Malawi, UNFPA supported the National AIDS Council and the Ministry of Health in a pilot project for the prevention of sexually transmitted infections and HIV among sex workers. In the Russian Federation, UNFPA supported the establishment of a network of non-governmental organizations and municipal clinics to offer sex workers prevention and care services for sexually transmitted infections and HIV. In Thailand, UNFPA has, inter alia, updated information on sexually transmitted diseases and HIV in sex-work settings and conducted surveys on sexual and reproductive health and sex workers.

50. HIV is not only a health and development issue but also a humanitarian and security one that needs to be addressed through systematic engagement with the international humanitarian system. To that end, UNFPA has been working closely with UNAIDS, the Department of Peacekeeping Operations, United Nations peacekeeping missions, national militaries and police forces to address the rampant spread of HIV/AIDS in security forces in many countries in Africa, Asia, Latin America and the Middle East. By integrating HIV/AIDS programming into initiatives for uniformed services, ex-combatants and women associated with armed groups, UNFPA engages high-risk populations in the process of actively combating the epidemic as agents of change in their communities. Specifically, UNFPA supported the development of training curricula and training and sensitization workshops on gender awareness and the prevention of HIV/AIDS and sexually transmitted infections within uniformed services, primarily in Côte d'Ivoire, Haiti, Lebanon, Sierra Leone and the Sudan. UNFPA supported the implementation of prevention programmes among national police forces, militaries and demobilized personnel, particularly in Côte d'Ivoire, the Democratic Republic of the Congo, Eritrea, Liberia, Sierra Leone, the Sudan, Turkey and Ukraine and in the Latin America and Caribbean region. In collaboration with UNDP, UNFPA has led work globally on HIV and disarmament, demobilization and reintegration programmes,

towards the integration and implementation of such programmes with reproductive health services. UNFPA has worked closely with UNHCR to provide reproductive health and HIV services to refugees and internally displaced persons in approximately 25 countries. UNFPA has also worked to build the capacity and raise the awareness of non-governmental organizations, Government and uniformed personnel with respect to HIV through workshops, trainings and the training of trainers.

51. In the context of United Nations reform and, specifically, in the wake of the UNAIDS division of labour and Global Task Team recommendations, it is evident that the contributions of UNFPA in support of the national HIV/AIDS response cannot be dissociated from or appraised independently of UNAIDS. In 2007 and 2008, UNFPA assigned more than 120 new staff in 70 countries and subregional offices to support national HIV prevention scale-up, with particular focus on most-at-risk and out-of-school young people. In every country in which joint United Nations teams on HIV/AIDS have been established, UNFPA is an active and engaged member, which has had an impact on the ability of UNFPA to support national ownership and development of the response.

## VI. Millennium Development Goal 7: Ensure environmental sustainability

52. The Programme of Action of the International Conference on Population and Development, adopted in 1994, had already underscored the important linkages between population, sustained economic growth and sustainable development. Since then, however, the nature and scale of population-environment interactions have undergone significant transformations.

53. Traditionally, most attention has been focused on the impacts of population size and growth on the environment. World population has reached 6.7 billion and continues to grow by some 78 million people each year. Empowering women, reducing poverty and providing quality reproductive health services are all actions that are necessary in themselves and that would also accelerate the process of population stabilization, thereby helping to curb overall pressures on environmental resources, but only in the long run.

54. Current threats, particularly those posed by global climate change, now require that greater attention be focused on where, how and in which social groups this demographic growth occurs, rather than on absolute increments per se. The adoption by the world's developing areas of the consumption practices and living standards typical of the affluent would seriously deplete existing resources and risk endangering the global environment. Yet reducing poverty and improving people's lives remains an absolute priority.

55. Urban areas, which now harbour more than half of the world's population, account for much of the production and consumption processes that generate the greenhouse gases responsible for global warming. Many of these negative environmental consequences of urban growth could be mitigated by proactive attention to the sustainable use of space and to the land and housing needs of the poor.

56. Within this rapidly changing development context of population-environment interactions, UNFPA is supporting research to generate and disseminate an improved

understanding and awareness of the different ways in which population dynamics affect environmental change. The UNFPA agenda on climate change includes supporting research and advocacy for mitigation of climate change, promoting sustainable cities and reducing urban vulnerability, identifying the impacts of climate change on migration and improving responses to emergency situations. As a result, population issues were included in the Secretary-General's report on climate change that served to inform the United Nations Climate Change Conference, held in Bali, Indonesia, in 2007 and in Poznań, Poland, in 2008. UNFPA is working with other United Nations and international organizations in the positioning of population issues within the climate change framework.

57. In Bolivia, a joint effort between the Ministry of Planning and Development and the UNFPA country office resulted in the development of a situation analysis on population, town planning and the environment. In Colombia, UNFPA assisted in the development of a new approach to the linkages between population and environmental, social and economic issues in urban and regional planning. A draft report on urbanization in Eritrea was prepared in connection with the launch of the *State of World Population 2007* report, and the publication of technical programme updates on urbanization and partnerships drew policy attention to the issue of population and the environment.

58. In Morocco, the UNFPA country office was called upon to strengthen its advocacy with respect to newly emerging issues such as the linkage between population and the environment. In the Niger, a partnership with the Ministry of Education and UNDP made possible the implementation of an action plan on family life, education and the environment that will also integrate aspects of HIV/AIDS. In Sierra Leone, the UNFPA country office ensured that information on population and the environment would be reflected in the work of the United Nations country team and the national development agenda.

59. In Timor-Leste, urbanization and the linkage between population growth and the environment are of particular concern to the Government. In Uganda, population and the environment were identified as emerging issues, with a review process and the formulation of a five-year development plan scheduled to commence in 2008.

60. UNFPA will devote the *State of World Population 2009* report to the issues of environment and women in order to highlight the linkages between climate change and population factors.

## VII. Conclusion

61. The Programme of Action of the International Conference on Population and Development clearly reflected the inextricable linkages between population, poverty, health, education, patterns of production and consumption and the environment. The guiding principles of the Conference placed national ownership and universally recognized human rights, equity and equality, most significantly gender equality, at the centre of social and economic development. Fifteen years have passed since then. As the international community observes the fifteenth anniversary of the Conference, it is clear that the Cairo development framework remains relevant and crucial to saving lives and advancing the quality of life of men, women and young people, in particular the most vulnerable populations. As detailed in the present report, the current strategic plan and programmes of UNFPA have

remained focused on supporting Governments in their efforts to achieve the objectives of the Conference and the Millennium Development Goals. UNFPA strategies continue to focus on coordination and collaboration with a wide range of partners, strengthening national capacity, investing in human resource development, the generation of data for policy formulation and analysis and for monitoring and evaluation systems, and facilitating technical support through national, regional and global networks, including South-South partnerships, advocacy and resource mobilization.

62. In the case of Goal 5, the progress made falls far short of achieving the objectives set. The addition to Goal 5 of the new target of universal access to reproductive health by 2015 has provided new momentum for addressing the health-related Millennium Development Goals through a comprehensive and integrated approach. There is sufficient evidence on how to improve maternal, newborn and child survival and reproductive health outcomes by scaling up access to an essential package of interventions delivered through a strengthened health system and targeting the poorest and most at-risk population. Achieving Goal 5 by 2015 will be possible only through the scaling up of country-level work, spearheaded by national leadership and ownership that guides investment in supportive pro-poor policies, strong health systems and effective interventions that are known to work, and supported by South-South cooperation for the exchange of lessons learned.

63. Much progress has been achieved in many areas related to the Millennium Development Goals, but such progress is uneven and much work remains to be done to realize both the goals of the International Conference on Population and Development and the Millennium Development Goals, especially in the poorest countries. A redoubling of efforts and a renewed commitment on the part of all stakeholders are essential to ensure the timely achievement of the internationally agreed development goals.